

United States of America
Department of Transportation — Federal Aviation Administration
Supplemental Type Certificate

Number SA7830SW

CRW-191

This certificate, issued to The AEREX GROUP, LTD.
8330 Meadow Road, Suite 226
Dallas, Texas, 75231

certifies that the change in the type design for the following product with the limitations and conditions therefor as specified hereon meets the airworthiness requirements of Part 4b of the Civil Air Regulations.

Original Product — Type Certificate Number: A12EA

Make: Gulfstream

Model: G-1159, G-1159B

Description of Type Design Change:

Installation of Aerex Group Fuel Flow Interface unit in accordance with Aerex Group Drawing List No. 86-8TJ-0002, Rev. B dated 7-24-90, or later FAA approved revision.

Limitations and Conditions:

The Aerex Group Fuel Flow Interface Unit must interface with the UNS-1A Flight Management System, and is not approved for primary fuel management. Compatibility of this modification with previously installed equipment must be determined by installer.

This certificate and the supporting data which is the basis for approval shall remain in effect until surrendered, suspended, revoked, or a termination date is otherwise established by the Administrator of the Federal Aviation Administration.

Date of application: April 26, 1989

Date reissued:

Date of issuance: June 6, 1990

Date amended: 06/26/90, 08/10/90 Rev. 2



By direction of the Administrator

Mark R. Schilling

Mark Schilling, ^(Signature) Manager
Special Certification Office

(Title)

Any alteration of this certificate is punishable by a fine of not exceeding \$1,000, or imprisonment not exceeding 3 years, or both.

This certificate may be transferred in accordance with FAR 21.47.

INSTRUCTIONS: The transfer endorsement below may be used to notify the appropriate FAA Regional Office of the transfer of this Supplemental Type Certificate.

The FAA will reissue the certificate in the name of the transferee and forward it to him.

TRANSFER ENDORSEMENT

Transfer the ownership of Supplemental Type Certificate Number _____

to *(Name of transferee)* _____

(Address of transferee) _____
(Number and street)

(City, State, and ZIP code)

from *(Name of grantor)* *(Print or type)* _____

(Address of grantor) _____
(Number and street)

(City, State, and ZIP code)

Extent of Authority (if licensing agreement): _____

Date of Transfer: _____

Signature of grantor *(In ink)*: _____